



LAW ENFORCEMENT / POLICE CADET EXPLORER PROGRAM COLORADO SPRINGS POLICE DEPARTMENT

Thank you for your interest in the Colorado Springs Police Cadet Explorer Program. The Law Enforcement Exploring Post is designed for young men and women who live in or near the city of Colorado Springs, as a mentoring and training program for teens to become familiar with and involved in Law Enforcement; to further their knowledge and understanding of the criminal justice system through training; and to provide an insight into all phases of police work as a possible profession. The Cadet Exploring program is a community service program; the Explorers participate in many community events throughout the year. While actively becoming a part of their community the Explorers foster a better understanding between the Police Department and the youth of our City.

MISSION STATEMENT

The Colorado Springs Police Cadet Explorer program strives to meet and fulfill the Colorado Springs Police Department's Mission Statement through community service and teamwork. "Our mission is to promote the quality of life in Colorado Springs by providing police services with integrity and a spirit of excellence, in partnership with our community."

READ CAREFULLY

Enclosed you will find an application, background packet, and a medical information form. It is a normal part of the Police Department procedure to perform checks (records and reference) on the suitability of new Explorers due to the sensitivity of the information with which you will be working. Included in the background packet is an in-processing form (used for the record check and setting up an I.D. card), two reference check forms that require your signature. You do not need to send these out; we will take care of that. If there are questions at any time during the application process do not hesitate to call the Explorer Coordinators office at 444-7410. **ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY.** If a question does not apply enter N/A in the space provided. Falsification or failure to include information as directed will be considered grounds for non-acceptance or termination if already a member. Questions requiring additional information may be placed on the back of the form. A letter of recommendation from a professional, friend, neighbor, or an associate will aid in your acceptance into the Explorer Program.

CADET PROGRAM REQUIREMENTS

1. MUST be between the ages of 14½ and 21. **(Must apply prior to 20th birthday)**
2. MUST have and maintain a GPA of C or better. Must provide a copy of your report card
3. MUST pass a background investigation and an oral board interview
4. MUST be able to attend all training sessions. The Academy is ten hours a day for ten days during two consecutive weeks during the summer. Must complete a 6 month probationary period.
5. MUST maintain a 70% or higher, cumulative GPA through the Explorer Basic Training Academy. **ANYONE CAUGHT CHEATING ON ANY TEST WILL BE AUTOMATICALLY DISMISSED FROM THE PROGRAM.**
6. MUST be willing and able to participate in monthly meetings, special police training, community service events, post fundraising activities, and some social activities.
7. MUST have parent's permission to ride along with Patrol Officers. MUST be at least 16 years of age. MUST maintain a good attendance record for meetings, activities and events.
8. MUST join Learner for Life Explorer Post 116 (includes girls), annual fee of \$20.
9. Applicants will be notified upon acceptance. All new Explorers will undergo a probation trial period. You must purchase the probationary uniform consisting of a plain white dress shirt or blouse and black slacks are required during this time. The Explorer patch will be provided to you.
10. At the end the probationary period and prior to the Academy graduation, new Explorers must purchase the Explorer uniform and jacket. The Approximate Cost is **\$250**. (Scholarship funds available to those who qualify.)

All interested persons should contact 444-7410 or mail applications to:
C.S.P.D. Explorer Office
Police Operations Center
705 S. Nevada Ave.
Colorado Springs CO, 80903

(Keep these pages for your own records)

Colorado Springs Police Department
Law Enforcement Cadet Explorer Post 116
Application

Date of Application _____

NAME: _____ Date of birth: _____ Age: _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Home Phone _____ Other _____ E-mail _____

Sex _____ Race _____ Place of birth _____

HT _____ WT _____ Hair _____ Eyes _____ SSN _____

Please state how you found out about the program _____

SCHOOL INFORMATION

School _____ Year _____ GPA _____
(CURRENT OR LAST SCHOOL ATTENDED)

Counselor _____ Phone Number _____

EMPLOYMENT INFORMATION

Employer _____ Phone Number _____
(List business name and current supervisor)

Address _____
(Number) (Street) (City) (State) (Zip)

LIST TWO PERSONAL REFERENCES: (OTHER THAN RELATIVES) State your relationship to them.

1. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

2. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

PARENT(s) /GUARDIAN INFORMATION

Which parent/guardian do you live with? (Circle one) MOTHER FATHER BOTH GUARDIAN

MOTHER'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

FATHER'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

GUARDIAN'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

The information in this packet is accurate to the best of my knowledge _____
(Applicant's signature)

This information has been reviewed and verified by _____
(Parent's/guardian's signature required if under 18 yrs of age)

(IF UNDER 18 PROVIDE A LETTER FROM YOUR PARENT(S) STATING HOW THEY WILL BACK AND SUPPORT YOU IN THIS PROGRAM)

CSPD CADET EXPLORE POST 116

BACKGROUND INFORMATION

PERSONAL INFORMATION

NAME OF APPLICANT _____

DO YOU POSSES A VALID DRIVERS LICENSE? _____ (if yes the following must be completed.)

STATE _____ NUMBER _____ TYPE _____ EXPIRATION DATE _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ____ IF YES, GIVE DATE _____

REASON _____

DO YOU OWN A VEHICLE? _____ YEAR _____ MAKE _____ MODEL _____

VEHICLE LICENSE NUMBER _____

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (USE BACK OF PAGE IF NECESSARY)

MONTH/YEAR	CHARGE	LOCATION	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (AS A DRIVER)? _____

IF YES, GIVE ALL DATES AND LOCATIONS

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? _____ IF YES EXPLAIN:

BACKGROUND INFORMATION

Continued

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ACCEPTED A PLEA BARGIN OR HAD CHARGES DROPPED? _____

If yes please complete the following (list juvenile as well as adult records) - list any additional information on the back

OFFENSE	CITY	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION

If you are under the age of 18, do you use tobacco? _____ If yes explain?

If you are under the age of 21, do you consume alcoholic beverages? _____ If yes explain:

Why do you want to become a Cadet Explorer? _____

If accepted for this program what will be your goals? _____

Do you have your parents support in joining? _____

Will you be able to attend the Explorer Academy which is ten hours a day for eleven days during two consecutive weeks during the summer? _____

Are you willing and able to attend the monthly meetings the second and fourth Tuesday of every month at 6:30PM?

BACKGROUND INFORMATION

Continued

Are you willing and able to participate in monthly community service projects? _____

List any community service organizations, social, school or other groups that you are now a part of or have been a member of:

List any courses or training you feel would have an effect on the Explorer Program:

The information in this packet is accurate to the best of my knowledge _____
(Applicant's signature)

This information has been reviewed and verified by _____
(Parent's/Guardian's signature required if under 18 yrs of age)

BACKGROUND INFORMATION

Continued

TO HELP ALL APPLICANT'S FILL OUT THE BACKGROUND CHECK FORMS, USE THE FOLLOWING INSTRUCTIONS

1. For the Background check release form (Page 9)
 - a. Print your name and date of birth on all 4 top lines
 - b. Date all 4 releases
 - c. Sign all 4 releases and, if you are under 18, have a parent's/ guardian's signature

2. For the reference check letter forms (Page' 10 & 11)
 - a. Print your name at the top of both forms
 - b. Print the name of whom the form is going to at the bottom of each form (Print Reference's Name)
 - c. Sign the bottom of both forms (if you are under 18 you must have a parent's/ guardian's signature)
 - d. These forms will go to the same 2 people you have listed as references on your application

3. The Colorado Springs Police Department In-processing form (Page 12 &13)
 - a. Fill in the top personal information square at the top of page 12
 - b. Fill in this top square completely and as accurately as possible
 - c. Print your name and your signature in the applicants line in the "I agree to the following terms" box near the bottom of page 13

(Once submitted, all applications become property of the C.S.P.D.)

Background Check Release Forms

I, (your name) _____, Date of Birth _____ do hereby authorize the City of Colorado Springs Police Department designee, and or Cadet Program Advisor to have access to any records your agency may have concerning me.

Date: _____

(Signature)

(Parent's/ Guardian's signature if applicant is under 18)

I, (your name) _____, Date of Birth _____ do hereby authorize the City of Colorado Springs Police Department designee, and or Cadet Program Advisor to have access to any records your agency may have concerning me.

Date: _____

(Signature)

(Parent's/ Guardian's signature if applicant is under 18)

I, (your name) _____, Date of Birth _____ do hereby authorize the City of Colorado Springs Police Department designee, and or Cadet Program Advisor to have access to any records your agency may have concerning me.

Date: _____

(Signature)

(Parent's/ Guardian's signature if applicant is under 18)

I, (your name) _____, Date of Birth _____ do hereby authorize the City of Colorado Springs Police Department designee, and or Cadet Program Advisor to have access to any records your agency may have concerning me.

Date: _____

(Signature)

(Parent's/ Guardian's signature if applicant is under 18)

CADET EXPLORER POST 116
705 South Nevada Ave.
Colorado Springs, CO 80906

(Print Applicant's Name)

1. How do you know the applicant? ☐ Friend ☐ Co-Worker ☐ Relative ☐ Employer
☐ Acquaintance ☐ School personnel ☐ Other (Describe)

3. What are the person's best qualities?

4. What are the person's worst attributes/ or something that they need to work on?

5. Do you know of anything that might preclude the applicant from working with a law enforcement agency?

() Yes () No If yes, please explain.

6. Would you recommend the applicant as a Cadet with the Colorado Springs Police Department?

() Yes () No Indicate why or why not.

Signature _____ Date _____

To

(Print Reference's Name)

I request and authorize you to furnish the Colorado Springs Police Department with the above requested information. This information will be used in determining my qualifications and fitness for the CSPD Cadet Explorer Program. I hereby release you from any liability or damages that may result from furnishing such information.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature if under 18 _____

Date _____

COLORADO SPRINGS POLICE DEPARTMENT

CADET EXPLORER POST 116
705 South Nevada Ave.
Colorado Springs, CO 80906

EXPLORER REFERENCE CHECK

(Print Applicant's Name) _____

Has applied to become a Cadet Explorer with the Colorado Springs Police Department and has given your name as a reference. Please answer the following questions and return this form in the enclosed envelope. (The Release of Information is at the bottom of this form). The information you give will remain confidential. **Your promptness in returning this form will expedite the process for the applicant to become a Cadet with the Colorado Springs Police Department.**

7. How do you know the applicant? ☐ Friend ☐ Co-Worker ☐ Relative ☐ Employer
 ☐ Acquaintance ☐ School personnel ☐ Other (Describe)

8. Approximately how many ☐ Years ☐ Months ☐ Weeks have you known the applicant?

9. What are the person's best qualities?

10. What are the person's worst attributes/ or something that they need to work on?

11. Do you know of anything that might preclude the applicant from working with a law enforcement agency?

☐ Yes ☐ No If yes, please explain.

12. Would you recommend the applicant as a Cadet with the Colorado Springs Police Department?

☐ Yes ☐ No Indicate why or why not.

Signature _____ Date _____

.....

To _____

(Print Reference's Name)

I request and authorize you to furnish the Colorado Springs Police Department with the above requested information. This information will be used in determining my qualifications and fitness for the CSPD Cadet Explorer Program. I hereby release you from any liability or damages that may result from furnishing such information.

Applicant's Signature _____ Date _____

Parent's/ Guardian's Signature if under 18 _____

Date _____

COLORADO SPRINGS POLICE DEPARTMENT IN-PROCESSING FORM

Welcome to the CSPD. As part of the processing for your Access or ID card, the following information is needed:

Complete only the information in the top box below

NAME _____		AKA _____	
Last	First	MI	Maiden/Any Other Names Ever Used
HOME ADDRESS _____			
Street	City	State	Zip
MAILING ADDRESS _____			
(If different)	Street	City	State Zip
HOME PHONE:	WORK PHONE:	CELL PHONE:	
DRIVER'S LICENSE #:	STATE:	EXP DATE:	
RACE:	EYES:	HAIR:	
SEX:	PLACE OF BIRTH:		
HEIGHT:	DATE OF BIRTH:		
WEIGHT:	SOCIAL SECURITY #:		

Below this line for Internal Police Department use only

CHOOSE APPROPRIATE CATEGORY

- ☐ Department Sworn
☐ Retired Sworn
☐ Outside Sworn Law Enforcement Agency _____ Exp Date (if indicated): _____
☐ Civilian: ☐ Regular ☐ Temporary ☐ Special
☒ Volunteer: ☐ Chaplain ☐ SVAT ☒ Cadet ☐ H.P.E.U. ☐ ESP ☐ Other _____
☐ Contractor Company Name _____
☐ Outside Civilian Agency _____ Exp Date (if indicated): _____

☐ ACCESS CARD REQUESTED

☒ ID CARD REQUESTED

ID #: _____ JOB TITLE: **CADET EXPLORER**

UNIT(S) ASSIGNED: _____ DEPT ASSIGNED: _____

CARD KEY #: _____ APPROVED BY: _____ DATE: _____

Records and ID Section use only

IF "YES" IN ANY CATEGORY, ATTACH COPY OF WANTS/WARRANTS AND HISTORY

WANTS/WARRANTS		CRIMINAL HISTORY CHECK	
LOCAL	YES/NO	FOR: <input type="checkbox"/> CRIMINAL	<input type="checkbox"/> EMPLOYMENT
NCIC/CCIC	YES/NO	NCIC/CCIC CRIMINAL HISTORY?	YES/NO
CJIS/CRIMINAL RECORD	YES/NO	TERMINAL OPERATOR NAME _____	
CJIS/TRAFFIC RECORD	YES/NO		
COLO TRAFFIC RECORD	YES/NO		
REQUESTED BY: Rob Campbell	IBM #: 002297	Telephone 719.444.7410	
FINGERPRINTED: DATE: _____ BY: _____			
FINGERPRINTED FOR OSN: YES/NO DATE: _____			

FOR VOLUNTEERS: PLEASE RETURN FORM TO VOLUNTEER OFFICE (ROOM 4427, MAIL CODE SRS)
ALL OTHERS: PLEASE RETURN FORM TO STAFF RESOURCES OFFICE (ROOM 4428, MAIL CODE SRS)
FOR CADET PLEASE RETURN FORM TO CADET COORDINATORS OFFICE (ROOM 4211, 444-7843)

OUTSIDE AGENCY APPLICATION (NOTE: BOTH SIDES OF FORM MUST BE COMPLETED)

COLORADO SPRINGS POLICE DEPARTMENT
OFFICE OF THE CHIEF OF POLICE
705 S. NEVADA AVENUE
COLORADO SPRINGS, CO 80903

Request for: ☐ Card Key Access ☒ **Identification Card**

AGENCY NAME: _____ TELEPHONE: _____
ADDRESS: _____
Street City State
Zip
AGENCY HEAD: _____ TITLE: _____

If request is for Card Key Access, indicate building(s) you will need access to:

☐ POC ☐ Sand Creek ☐ Training Academy ☐ Falcon ☐ DVERT ☐ Range ☐ Impound Lot ☐ Stetson Hills

Indicate areas in building(s) you will need access to below:

1. _____
2. _____
3. _____
4. _____
5. _____

Indicate approximate number of times per week you will be entering the building(s):

I agree to the following terms:

1. Upon termination of employment with the above listed agency, applicant or agency head will immediately return the access card key or identification card to the Staff Inspections Office (Police Operations Center, Room 4306, Mail Code 1565, Telephone Number 444-7411)
2. Loss of issued card will immediately be reported to the Staff Inspections Office (Police Operations Center, Room 4306, Mail Code 1565, Telephone Number 444-7411).
3. The cost for a replacement access card key or identification card that is not returned as stated above is \$15.00. The agency of the employee is responsible for the return of the card or payment if the card is lost/not returned.
4. Applicant agrees to immediately surrender the access card key or identification card upon request from the Chief of Police (or his designee).
5. Applicant will use this card for official business only and will not allow any other person to use the card.

Applicant Name: _____

Please Print

Applicant Signature: _____ Date: _____

Applicant's Agency Head: _____ Date: _____

CSPD use only

Access Card Key

Information: _____

Card Key Number

Issued By

Date

Identification Card

Information: _____

Approved By

Issued By

Date

CSPD CADET EXPLORER POST 116

HEALTH HISTORY INFORMATION

This information is optional but will assist the program in insuring the safety of all involved.

The information in this packet is accurate to the best of my knowledge _____
(Applicant's signature)

This information has been reviewed and verified by _____
(Parent's/Guardian's signature required if under 18 yrs of age)

the parent/guardian of _____
(Applicant's name)

This line should **ONLY** be completed if the applicant or parent/guardian refused to complete the health history information form

Refused to provide information _____
(Applicant's signature or signature of parent's/guardian's if under 18 yrs of age)

Are you allergic to any medications? _____ If yes, list and explain:

Do you have any illness or condition that may prevent you from taking part in Explorer Activities? _____ If yes explain: _____

Are you taking any medications on a regular basis _____ If yes please list medication and dosage

Do you wear glasses/contact lenses? _____ Vision without correction _____

Do you have any hearing impairments? _____ If yes, explain:

Have you ever been diagnosed with a mental or nervous disorder? _____ If yes, explain:

HEALTH HISTORY INFORMATION

Continued

Do you have or have you ever had the following:

_____ Asthma

_____ Diabetes

_____ Fainting Spells

_____ Heart Trouble

_____ Convulsions

_____ Bleeding Disorders

_____ Any conditions that may require special care, medication, or diet

If yes to any of the above explain:

Any restriction of activity for medical reasons?

Thank you for your application